Massachusetts All-Payer Claims Database:

Lessons Learned: How Analyses Based on Health Care Quality and Cost Council Data Assisted in APCD Editing

November 22, 2011

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Introductions

- Betty Harney (Director of Data Standardization and Enhancement)

- Kathy Hines (Director of Data Compliance and Support)

- Young Joo (Director of Data Strategies)

- Marc Prettenhofer (Project Manager – Senior Business Analyst)

- Paul Smith (APCD Liaison)

- Adam Tapply (Intern)

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Objectives for today's workgroup meeting

- Review feedback from last session

- Update group on publication of APCD edits

- Discuss challenges of editing and determining 'accurate' data

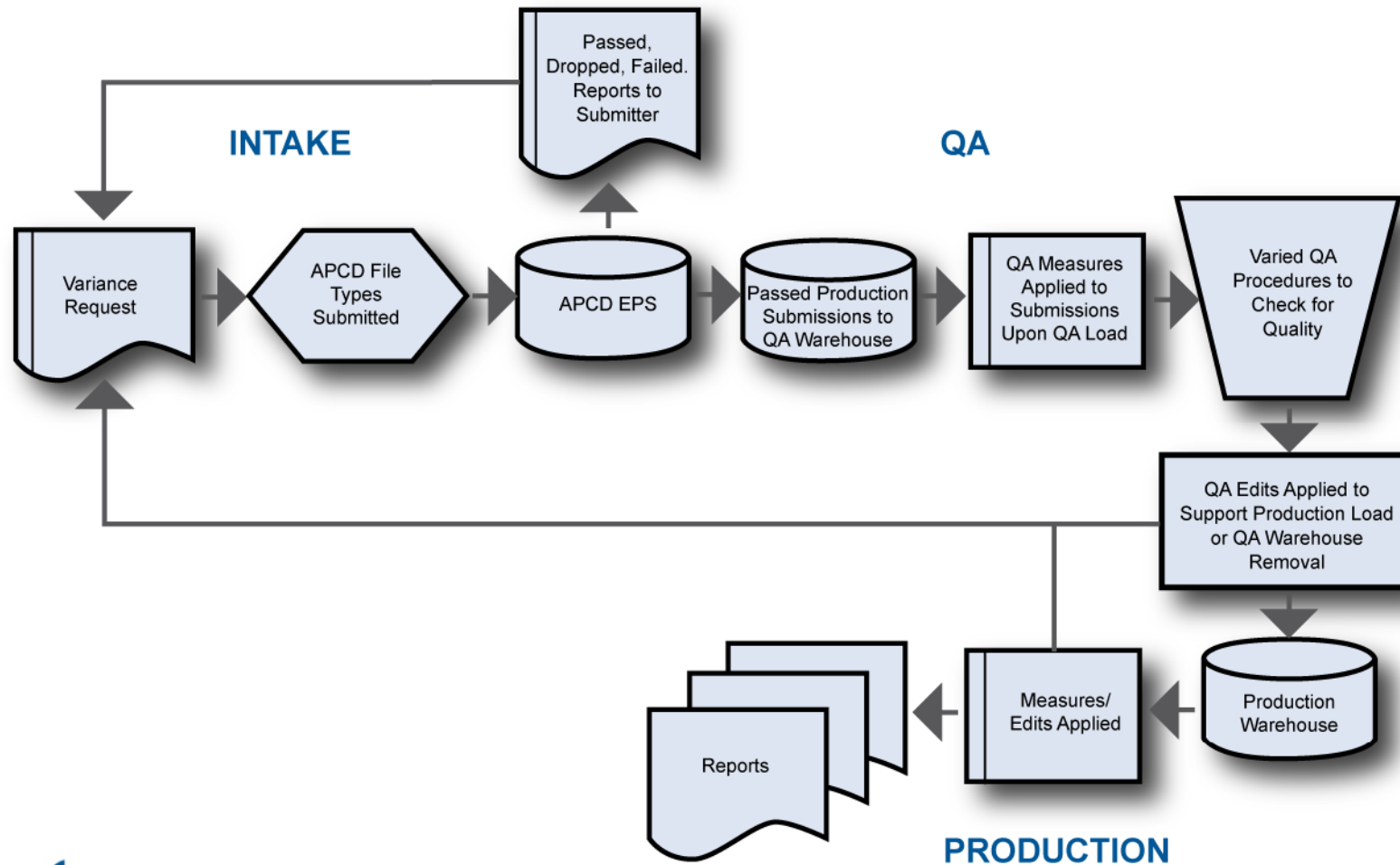- Elicit feedback from participants on potential improvements to the edit process

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Addressing technical workgroup feedback and questions

- Encounter Data – how is this handled ? What is collected?

- DRG – which ones are placed in the APCD? Can a researcher get multiple years of data with the same DRG type and version?

- Final Claims – how are they handled and identified? How are partial rebates handled? – i.e. claim initially reported as $150 and then a second claim for the same service is submitted for -$50 – how is this shown in the APCD?

- Is there membership/enrollee data in the APCD? It's critical to analyze the entire market because that's the only way to know how many people are non-users of insurance. What demographic data is available? For example, location of residence – in last cost report analyses we looked at people that left their "community" to get care in Boston.

- Who is in the APCD – public and private payer data? What about person living in MA but have insurance from employer outside MA – getting more common with telecommuting options.

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Addressing technical workgroup feedback and questions

- Are hospital transfers identified?

- Any information on premiums or subsidies in the APCD?

- Can you link a person across plans as a single person can have multiple plans at the same time - most common examples are dual eligibles (Medicare and Medicaid), and person with Medicare Part D, Medicare Supplemental Plans. Also want to link people across years.

- Are dental only and vision only plans included in the APCD?

- Are Pharmacy Benefit Managers included in the data?

- Linking providers across plans/program. Want to identify all claims (regardless of payer) for a single provider. Want to be able to group providers into clinics and Accountable Care Organization to link cost data with quality data from another source.

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Review of Massachusetts APCD Data Flow
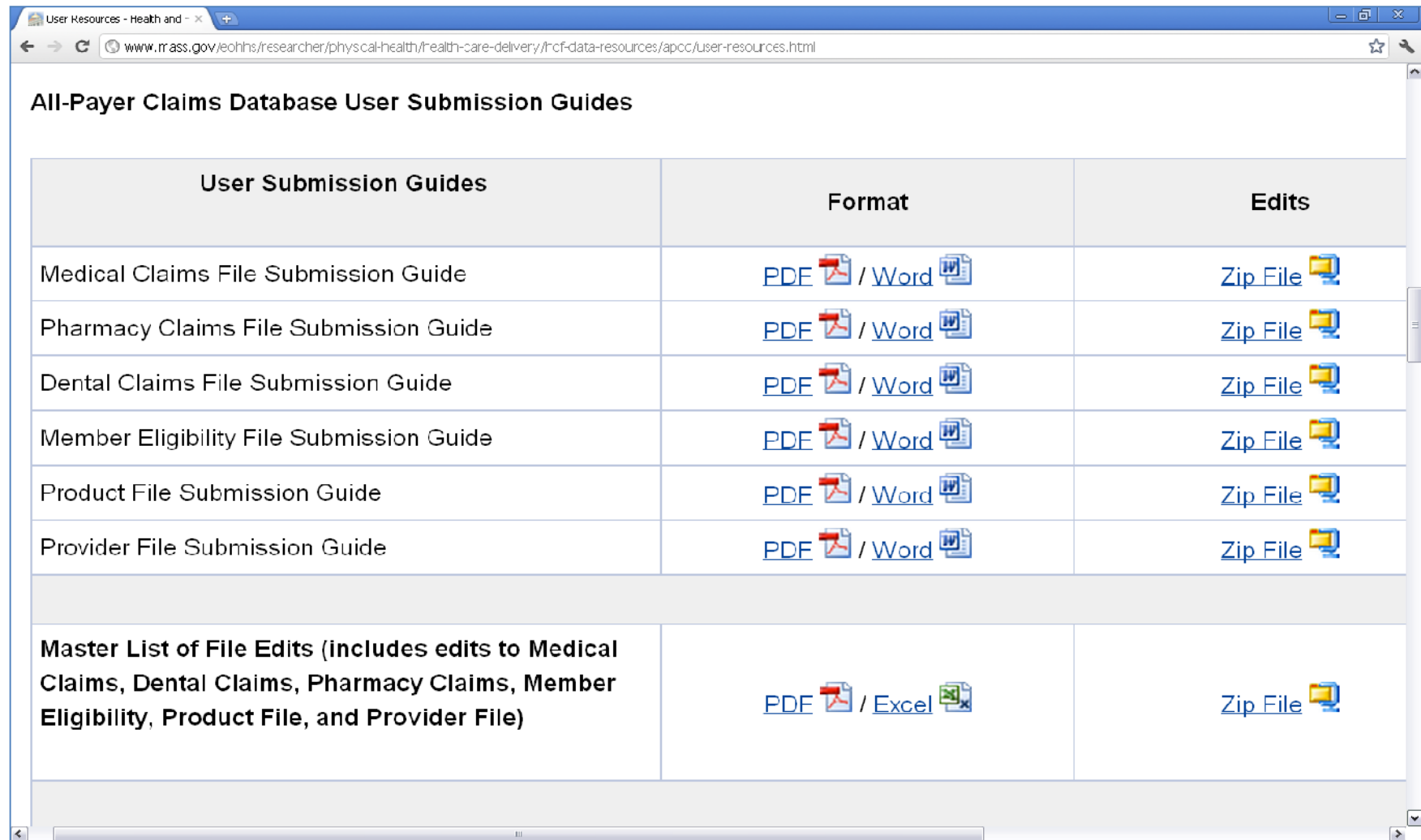
Publication of the APCD Edits

- Dimensions of Data Edits:

  - Data Element

  - Record

  - File

  - Cross-File (APCD QA Measures)

  - Aggregate (APCD QA Measures)

- APCD has published data element/record/file level edits. These are available to download from our website under User Resources:

  www.mass.gov/dhcfp/apcd

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APCD User Resources

APCD Website - www.mass.gov/dhcfp/apcd

MyHealthCareOptions™

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Stroke

Digestive System
Gall Bladder
Intestinal Surgery
Weight-loss Surgery

Hip Replacement

People with severe arthritis or other hip problems may choose to have hip replacement surgery. This is when doctors replace the damaged hip with a prosthetic (artificial or mechanical) one. (more)

Diagnostic classification: Hip Replacement (APR-DRG 301)

| Summarized Report | View Detailed Report | View Statewide Procedure Costs |

Quality of Care
(more)

	Mount Auburn Hospital	New England Baptist Hospital
Quality Rating	⭐⭐	⭐⭐
Statistical Significance	Not Different from State Average Quality	Not Different from State Average Quality

Cost of Care
(more)

	Mount Auburn Hospital	New England Baptist Hospital
Cost Rating	$	$$$
Statistical Significance	Below Median State Cost	Above Median State Cost

QCC Data Issues & Corrections: Currency Fields

- Currency Field issues uncovered during QCC data collection and analysis:

- Examples:

  – Amount fields missing data

  – Erroneous usage of decimal placing

  – All 9s used to denote missing/not applicable

- QCC Corrections:

  – Resubmission of entire data by carrier

  – Submission of a patch file by carrier

  – Manual intervention

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APCD Intake Rules

Field ID	Data Element Name	Standard Threshold
MC061	Quantity	98.00%
MC062	Charge Amount	99.00%
MC063	Paid Amount	99.00%
MC064	Prepaid Amount	99.00%
MC065	Copay Amount	99.00%
MC066	Coinsurance Amount	99.00%
MC067	Deductible Amount	99.00%

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APCD Intake Edits

Element	Element Name	Element Description	Edit ID	Message
MC062	Charge Amount	Do not code decimal point	2151	Charge Amount is required.
MC062	Charge Amount	Do not code decimal point	2610	Charge Amount must be in integer (no decimal points) format and cannot be zero.
MC063	Paid Amount	Includes any withhold amounts. Do not code decimal point.	2611	Paid Amount must be in integer (no decimal points) format and cannot be negative.
MC063	Paid Amount	Includes any withhold amounts. Do not code decimal point.	3781	The Paid Amount is required when Claim Status (MC038) = 01,02,03,19,20, 21.
MC064	Prepaid Amount	For capitated services, the fee for service equivalent amount. Do not include decimal point.	2153	Prepaid Amount is required.
MC064	Prepaid Amount	For capitated services, the fee for service equivalent amount. Do not include decimal point.	2612	Prepaid Amount must be in integer (no decimal points) format and cannot be zero.
MC065	Copay Amount	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point	2154	Copay Amount is required.
MC065	Copay Amount	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point	2613	Copay Amount must be in integer (no decimal points) format and cannot be negative.
MC066	Coinsurance Amount	Do not code decimal point	2155	Coinsurance Amount is required.
MC066	Coinsurance Amount	Do not code decimal point	2614	Coinsurance Amount must be in integer (no decimal points) format and cannot be negative.
MC067	Deductible Amount	Do not code decimal point	2156	Deductible Amount is required.
MC067	Deductible Amount	Do not code decimal point	2615	Deductible Amount must be in integer (no decimal points) format and cannot be negative.

QCC Data Issues & Corrections: Gender

- Gender Issue uncovered during QCC Data Collection and Analysis:

  - Gender code set was not standard across carriers

  - Usage of 1, 2, 3 as opposed to M, F, U

- QCC Corrections:

  - Contact carriers to determine data dictionary for code set

  - Perform data cleaning here to standardize the gender coding

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APCD Submission Guide

Appendix B – Lookup Tables by Element

File	Element	Data Element Name	Type	Type Description	Revised Length	Format	Description	Element Submission Guideline
ME	ME013	Member Gender	Text	Lookup Table	1	tlkpGender	The Member's Gender	

							Gender Code	*Gender*
							F	Female
							M	Male
							O	Other
							U	Unknown

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APCD Intake Rules and Edits

Field ID	Data Element Name	Standard Threshold
ME013	Member Gender	100.00%

Element	Element Name	Element Description	Edit ID	Message
ME	ME013	Member Gender	2395	Member Gender is required.
ME	ME013	Member Gender	1950	Member Gender must be within the valid domain of values.

Data Issue: Provider Specialty

- General Issue :

  - Provider Specialty code set was not standard across carriers

  - Because of the wide differences between carriers, movement to a standardized code set on intake was not feasible.

- APCD Solution:

  - Allow carriers to determine data dictionary for carrier specific code set to be submitted to the Division.

  - Code set is loaded to our database tables.

  - Editing for each carrier goes against their individual code set.

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APCD Submission Guide

Element	Data Element Name	Type	Format	Length	Element Submission Guideline
MC032	Service Provider Specialty	Text	External Code Source 13 - AND/OR - Carrier Defined Reference Table	50	As defined by payer. Dictionary for specialty code values must be supplied to DHCFP. Specialty codes shall include specialties for all medical, vision, behavioral health and dental providers.

- Carrier Defined Reference Table

- Health Care Provider Taxonomy – National Uniform Claim Committee

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APCD Intake Rules and Edits

Field ID	Data Element Name	Standard Threshold
MC032	Service Provider Specialty	98.00%

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC032	Service PV Specialty	As defined by payer, Dictionary for specialty code values, must be supplied during testing	2121	Service PV Specialty is required.

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What are the challenges of setting these edits and determining 'accurate' data?

Provider Specialty Data - Standardization

CARRIER 1	
Code	Description
1	NON HCD SPECIALISTS
10	ANESTHESIOLOGY
100	NEWBORN
101	ACUPUNCTURE
102	Ambulance
103	ANATOMIC PATHOLOGY

CARRIER 2	
Code	Description
020	Biofeedback
075	Aerospace Medicine
090	Naturopathic Physician
091	Physician Assistant
094	Certified Surgical First Assistant
098	Urgent Care Medicine
100	Allergy & Immunology

CARRIER 3	
Code	Description
091	OBSTETRICS
93	REPRODUCTIVE ENDOCRINOLOGY
093	REPRODUCTIVE ENDOCRINOLOGY
98	PSYC/MENTAL HEALTH NURSE PRACTITIONER
098	PSYC/MENTAL HEALTH NURSE PRACTITIONER
100	OPTHALMOLOGY
110	SURGERY-ORTHOPEDIC
120	OTOLARYNGOLOGIST

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What are the challenges of setting these edits and determining 'accurate' data?

Currency Field Edits

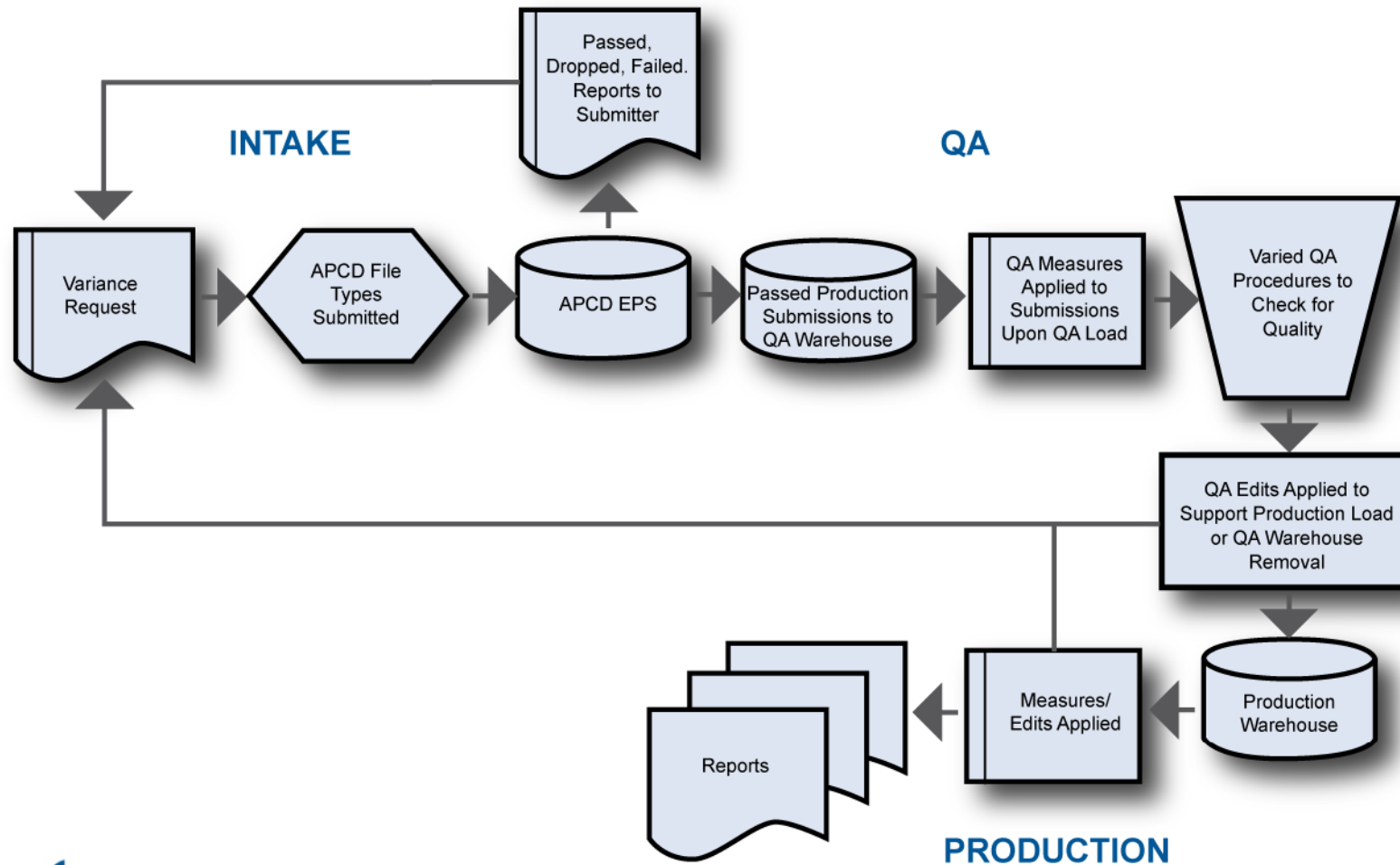| Element	Element Name	Edit ID	Message
MC062	Charge Amount	2610	Charge Amount must be in integer (no decimal points) format and cannot be zero.

APCD Data Challenges:

- QCC found issues with $0 Charges

- APCD determined that it wanted the charges as they were submitted to the carrier, not how the carrier may have manipulated the data due to their payment rules

- Edit was instituted that Charge Amount may not be $0

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What are the challenges of setting these edits and determining 'accurate' data?

Carrier Challenges:

- Carriers have $0 in their charge fields and must pull charges from the claims or do a code conversion to NULL

- Carriers must work with the Division to update variances to allow files to pass current edits

- Carriers state they have a legitimate need to have $0 charges as reported by the provider. The most common reason we have heard is for state mandated vaccines.

- Liaisons are currently working with carriers to get copies of billing rules to educate us on the issue and provide documentation that may allow the edit to be updated in the future.

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APCD Data Flow Map: Intake to QA

Topic for Next Month's Session:

APCD QA Measures

We want your ideas for measures!

Examples of APCD QA Measures

Claim Files:

- Average Charge Amount Per Claim Line

- Average Paid Amount Per Claim Line

- Average Co-Pay Amount Per Claim Line

- Average number of claims per unique member

What else?

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Examples of APCD QA Measures

Eligibility File:

- Gender Distributions

- Age Distributions

- Geographic Distributions

- Distribution of Insurance Type / Product

- Unique Member Count

- Unique Subscriber Count

What else?

Examples of APCD QA Measures

Provider File:

- Office Type Distribution

- Entity Code Distribution

- Geographic Distributions

- Unique Provider Count

What else?

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Q&A session

- Open discussion

- Questions from webinar participants

- Questions emailed to DHCFP (dhcfp.apcd@state.ma.us)

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APCD Analytic and Technical Workgroups

Upcoming Schedule	
APCD Analytic Workgroup 3rd Tuesday of each month	Dec. 20th @ 2pm
APCD Technical Workgroup 4th Tuesday of each month	Dec. 27th @ 2pm

For meeting materials and information, please visit:

www.mass.gov/dhcfp/apcd

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